

Overview of TB and the TB/HIV Connection

Course Dates:

July 12, 2006
Columbia, SC

August 9, 2006
Florence, SC

August 16, 2006
Greenville, SC

September 27, 2006
Charleston, SC

Trainings will begin promptly at 10 a.m.
Participant sign-in is at 9:30 a.m.

Registration form

***For registration, cancellation, or course
information contact:***

James Harris, Jr.
STD/HIV Division Training Coordinator
1751 Calhoun Street
Columbia, South Carolina 29201
Phone: 803-898-0480
Fax: 803-898-0573
Email: harrisj@dhec.sc.gov

***Deadline for registration is 15 business days
prior to the training.***

Course Description:

This half-day training will provide participants with a knowledge base about Tuberculosis, a serious problem that can occur in persons with HIV infection. The course addresses the risk of transmission and provides an understanding of the primary areas of concern for counseling clients with hepatitis or co-infected with tuberculosis and HIV.

Topics covered in the discussion are:

- Transmission
- Signs and symptoms
- Epidemiology
- Treatment issues
- The relationship between TB and HIV.

Prerequisites:

N/A

Audience:

All Health and Human Services Providers

Instructor (s):

Caroline Carman, LMSW

Training Hours:

4.0

Continuing Education Units available.



STD/HIV Division

Registration Form

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered.**

Name: _____

District or Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Evening: _____

Fax: _____

E-mail Address: _____

Type of Agency (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> State Health Dept. or Professional | <input type="checkbox"/> Local Health Dept. | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Non-governmental Org. | <input type="checkbox"/> Private Medical Provider | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> DHEC Funded Prevention Contractor | | <input type="checkbox"/> Other _____ |

Mark the course date and location you are requesting:

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___ July 12, 2006	Columbia, SC
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Supervisor's Signature: _____

(Your supervisor *must* sign this form to indicate knowledge and agreement with your registration.)

For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at harrisj@dhec.sc.gov. Fax registration forms to 803-898-0573. Deadline for registration is 15 business days prior to all training dates.